



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School STANWOOD HIGH SCHOOL Today's Date 1/9/2024
 Individuals/Group Involved SHS FOOTBALL Number of Students APPROX: 1000
 Activity FB SUMMER CAMP
 Destination FORTWORDEN Port Townsend, WA
 Departure Date 6/18/24 Return Date 6/22/24
 Accommodations: FORTWORDEN
 Source of Revenue: BOOSTER CLUB
 Fundraising Activities N/A
 Individual Student Cost N/A Total Group Cost TBD depends on number of applicants
 How was this activity/trip available to any interested and/or eligible student(s) OPEN TRYOUT
 How was this trip promoted to all interested/eligible students? ONLINE, ANNOUNCEMENTS, ETC.
 Will any student(s) be excluded from this trip due to the inability to pay? N/A
 Insurance (special coverages) N/A
 Purpose of Trip (include the educational value) FOOTBALL TO PARTICIPATE IN SUMMER CAMP

Has this trip been previously taken? YES If yes, when? 2023

List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)

1. Additional information needed: _____
2. Insurance coverage to be arranged through the insurance office.
3. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.

Olisa Nolan _____
 Signature of Initiator Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____
Approved

Superintendent or Designee Signature Date